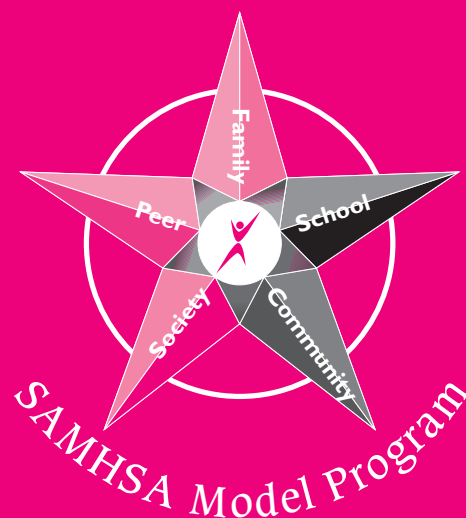




Also available
in other languages



*Effective Substance Abuse and
Mental Health Programs
for Every Community*

Keep A Clear Mind

Keep A Clear Mind (KACM) is a take-home drug education program for upper-elementary-school students (8 to 12 years old) and their parents. The take-home material consists of four weekly sets of activities to be completed by parents and their children together. The program also uses parent newsletters and incentives.

KACM lessons are based on a social skills training model and designed to help children develop specific skills to refuse and avoid the use of “gate-way” drugs. This unique, early intervention program has been shown to positively influence known risk factors for later substance use.

TARGET POPULATION

KACM is designed for upper-elementary-school students and their families. The program has been rigorously evaluated in field tests involving students in grades four through six and their parents.

BENEFITS

- Increases student ability to resist peer pressure to use tobacco, alcohol, and marijuana
- Increases student recognition of the harmful effects of tobacco, alcohol, and marijuana
- Helps students identify and choose positive alternatives to substance use
- Decreases students’ actual use of tobacco, alcohol, and marijuana
- Helps parents become effective drug educators
- Increases parent-child communication about substance use

Proven Results*

As a result of participation, students were:

- Less likely to expect to use cigarettes or snuff
- More likely to indicate an increased confidence in their ability to resist pressure to use tobacco
- More likely to have changed their view of peer use of tobacco, alcohol, and marijuana (i.e., they viewed use as less common)
- More likely to realize the harmful effects of tobacco

**Compared to students not in the program.*

INTERVENTION

Universal

Selective

Indicated



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

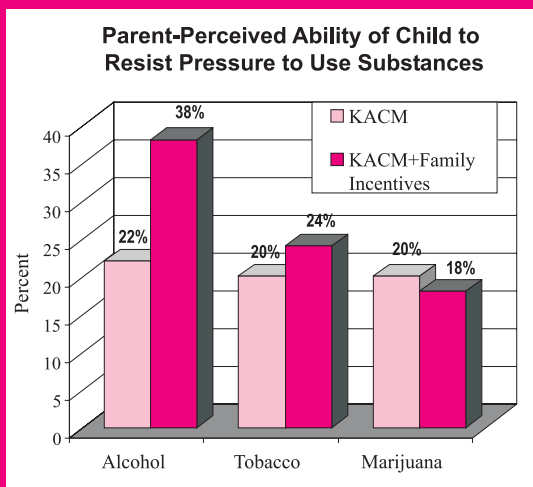
OUTCOMES

Findings generated from the evaluation of KACM activities have considerable scientific and programmatic significance for substance use prevention in youth. Outcomes reported by parents who participated in the program (compared to those in the control group) include:

- 20% more parents indicated that their children had an increased ability to resist peer pressure to use alcohol, tobacco, and marijuana
- 29% more parents indicated a decreased expectation that their children would try substances
- 14% more parents expressed a more realistic view of drug use among young people and a greater realization of its effects

Outcomes reported by children who participated show a:

- 9% decrease in the KACM students' perceptions of extensive substance use among peers compared to an 18% increase in the control group's perception
- 15% decrease in KACM participants' expectations that they would use tobacco, compared to more than a 100% increase in the control group
- 59% increase in the number of children who indicated that their parents did not approve of the use of marijuana



HOW IT WORKS

KACM consists of:

- Four take-home lessons on tobacco, alcohol, marijuana, and drug refusal
- Five parent newsletters
- Student incentives

Four weekly lessons are sent home with the student, preferably on Monday. Lessons include a feedback sheet for parents to indicate that the lesson for that week has been completed, which is to be returned at the end of each week. Students returning the parent-signed sheet receive a small incentive, such as a KACM bookmark, bumper sticker, or pencil. Students receive these incentives for completing the lesson, not for how well they score. Some schools use additional incentives for scoring well on the lessons. Biweekly parent newsletters are sent home with students for 10 weeks, beginning immediately after completion of the four take-home lessons.

KACM requires a minimal commitment of organizational time, yet it is a cost-effective way to reach parents and enhance parent-child communication about substance use. The program can be easily facilitated by schools, youth organizations, religious groups, and health centers.

IMPLEMENTATION ESSENTIALS

KACM is easy to implement. The program is usually conducted over the course of one semester during a school year or during a similar time period. Successful replication of KACM involves:

- Recruiting fourth, fifth, and/or sixth grade students to participate in the program
- Recruiting a program facilitator (e.g., classroom teacher, counselor, etc.)
- Delivering lessons and newsletters, and monitoring the implementation of take-home lessons
- Conducting pre- and postprogram outcome data collection to measure program effects

Program facilitator training is helpful but is not essential to the delivery of the program. Many schools find that KACM T-shirts are a useful incentive, but they are also not essential. Assistance in analyzing outcome data and developing evaluation reports is available.

PROGRAM BACKGROUND

KACM was developed to provide schools with a program that did not require extensive classroom interventions, created parental involvement, was easy and inexpensive to implement, and addressed known risk factors for substance use. The program is based largely on social-cognitive theory and behavioral self-control theory. Program development was initially funded by the U.S. Department of Education with additional funds coming from the Nancy Reagan Foundation and the Community Care Foundation.

EVALUATION DESIGN

Two published studies have evaluated the effectiveness of the KACM program. The initial study involved 511 fourth, fifth, and sixth grade students and their parents from six schools in northwest Arkansas. Students were blocked according to school and grade level, then assigned randomly by class to either the KACM program or a control group that was placed on a waiting list for the program. Data were collected from students and their parents approximately 2 weeks before and after program implementation.

The second study involved 1,447 fourth, fifth, and sixth grade students and their parents from 18 schools across the State of Arkansas. Six schools were assigned to the basic KACM program. Six additional schools were to receive KACM plus a family incentives program. The remaining six schools were assigned to a control group that was on a waiting list. Pre- and postprogram data were collected from students and parents at all 18 schools. Additional evaluation of the program's results is currently under way.

PROGRAM DEVELOPERS

Chudley Werch, Ph.D., FAAHB

Michael Young, Ph.D., FAAHB

KACM was initially developed at the Health Education Projects Office at the University of Arkansas. Dr. Chudley Werch was the initial developer of the program. Dr. Michael Young has served as the principal investigator on all grants resulting in the development and testing of the KACM intervention.

Target Areas

Protective Factors To Increase

Individual

- Problem-solving skills
- Communication and social skills
- Belief in society's values
- Motivation to pursue positive goals
- Accurate perception of social norms

Family

- High parental expectations
- Clear and consistent parental expectations
- Parental involvement

Society

- Media literacy and resistance to pro-use messages

Risk Factors To Decrease

Individual

- Lack of self-control and peer refusal skills
- Favorable attitudes toward use
- Low self-confidence in ability to refuse alcohol offers

Peer

- Susceptibility to negative peer pressure

Family

- Family attitudes that favor substance use
- Ambiguous, lax, or inconsistent rules regarding use

CONTACT INFORMATION

To obtain KACM materials, training, or research and evaluation information, or for technical assistance, contact:

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RECOGNITION

Model Program—Substance Abuse and Mental
Health Services Administration, U.S.
Department of Health and Human Services